UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): June 8, 2023

ORCHESTRA BIOMED HOLDINGS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**001-39421**	**92-2038755**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

150 Union Square Drive
New Hope, Pennsylvania 18938
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: (215) 862-5797

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common stock, par value $0.0001 per share	**OBIO**	**The Nasdaq Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

A copy of a slide presentation that Orchestra BioMed Holdings, Inc. (the "Company") uses at investor and industry conferences and presentations is attached to this Current Report on Form 8-K ("Current Report") as Exhibit 99.1 and is incorporated herein solely for purposes of this Item 7.01 disclosure. Additionally, the Company has posted the slide presentation on its website at https://investors.orchestrabiomed.com under the Investor Relations section.

The information in Item 7.01 of this Current Report, including Exhibit 99.1 attached hereto, is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of such section. The information in Item 7.01 of this Current Report, including Exhibit 99.1, shall not be incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Exchange Act, regardless of any incorporation by reference language in any such filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Investor Presentation.
104	Cover Page Interactive Data File (formatted as Inline XBRL and contained in Exhibit 101).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ORCHESTRA BIOMED HOLDINGS, INC.

By: /s/ David Hochman
Name: David P. Hochman
Title: Chief Executive Officer

Date: June 8, 2023

Exhibit 99.1


Orchestra BioMed™
Orchestra BioMed
Corporate Presentation
Q2 2023
Bringing medical innovation to life

Forward-Looking Statements

This presentation has been prepared for informational purposes only from information supplied by Orchestra BioMed Holdings, Inc., re "we," "our," "Orchestra BioMed," and "the Company," and from third-party sources indicated herein. Such third-party information has r independently verified. Orchestra BioMed makes no representation or warranty, expressed or implied, as to the accuracy or completen information.

Certain statements included in this document that are not historical facts are forward-looking statements for purposes of the safe harb the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements generally are accompanied by words suc "may," "will," "estimate," "continue," "anticipate," "intend," "expect," "should," "would," "plan," "predict," "potential," "seem," "seek," " and similar expressions that predict or indicate future events or trends or that are not statements of historical matters. These forward-l include, but are not limited to, statements relating to the potential safety and efficacy of our product candidates, the timing of our plan expected market sizes for our product candidates, the ability of our partnerships to accelerate clinical development, and our estimated performance and financial position. These statements are based on various assumptions, whether or not identified in this document, a expectations of the Company's management and are not predictions of actual performance. These forward-looking statements are pro purposes only and are not intended to serve as and must not be relied on as a guarantee, an assurance, a prediction, or a definitive stat probability. Actual events and circumstances are difficult or impossible to predict and may differ from assumptions. Many actual events are beyond the control of the Company. These forward-looking statements are subject to a number of risks and uncertainties, including domestic and foreign business, market, financial, political, and legal conditions; failure to realize the anticipated benefits of the busines related to regulatory approval of the Company's product candidates; the timing of, and the Company's ability to achieve expected regul milestones; the impact of competitive products and product candidates; and the risk factors discussed under the heading "Item 1A. Ris Company's quarterly report on Form 10-Q filed with the U.S. Securities and Exchange Commission on May 12, 2023 as updated by any under the heading "Item 1A. Risk Factors" in the Company's subsequently filed quarterly reports on Form 10-Q.

The Company operates in a very competitive and rapidly changing environment. New risks emerge from time to time. Given these risks the Company cautions against placing undue reliance on these forward-looking statements, which only speak as of the date of this pres Company does not plan and undertakes no obligation to update any of the forward-looking statements made herein, except as required

Orchestra BioMed Executive Summary

Partnership-enabled business model designed to **accelerate innovation** to patients, c
partner and shareholder value and yield **exceptional future profitability**

BackBeat CNT™ targets >$10B annual hypertension markets

Firmware upgrade to existing pacemaker

Statistically significant double-blind, randomized preliminary trial efficacy data

Plan to initiate pivotal trial H2 2023

Strategic
Mec
Double-digi

Virtue® SAB targets >$3B annual artery disease markets

Protected sirolimus delivery, non-coated balloon

Strong 3-year multi-center preliminary trial safety and efficacy data

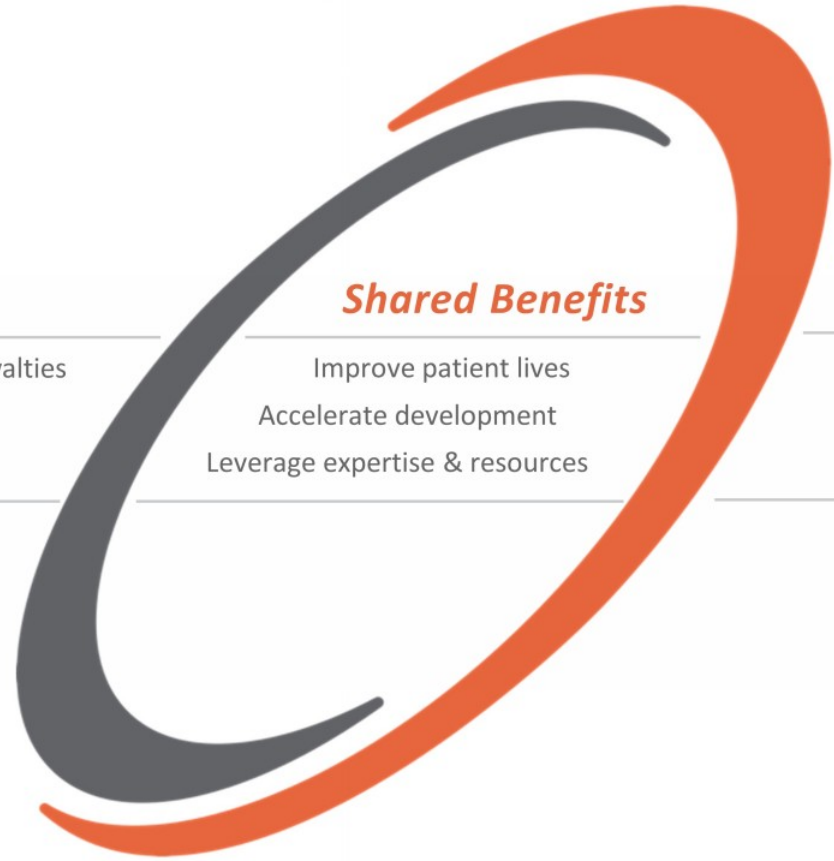
Plan to initiate pivotal trial H2 2023

Strategic
TE
Double-digi

Strong balance sheet and outstanding investors

Medtronic rtw PERCEPTIVE ADVISORS TERUMO

Orchestra BioMed's Partnership-enabled Model Benefits All



Orchestra BioMed™

Development

Secure substantial long-term royalties

Outsource commercialization

Multiple pipeline opportunities

Shared Benefits

Improve patient lives

Accelerate development

Leverage expertise & resources

Strateg

Com

Enable new grow

Outsou

Minir

Highly Accomplished Executive Team & Board

David Hochman
Chairman, CEO, Founder

Darren R. Sherman
President, COO, Director, Founder

Andrew Taylor
Chief Financial Officer

Yuval Mika, Ph.D.
GM & CTO, Bioelectronic Therapies

George Papandreou, Ph.D.
GM & SVP, Focal Therapies

Hans-Peter Stoll, M.D., Ph.D.
Chief Clinical Office

Avi Fischer, M.D.
SVP, Medical Affairs & Innovation

J.C. Simeon
SVP, Quality

Inessa R. Wheeler
VP, Marketing

Bob Laughner
VP, Regulatory Affairs

Stephen A. Zielinski
VP, Product Dev., Bioelectronic Therapies

Ziv Belsky
VP, Research, Bioelectronic Therapies

Executive Team: >250 Years of Experience, ~25 Avg Industry Years, >100 Product Approvals & >600 Aut

Jason Aryeh
Board Member

Pamela Connealy
Board Member

Eric S. Fain, M.D.
Board Member

Eric A. Rose, M.D.
Board Member

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Advancing High-Impact Pipeline

Product Platforms	Target Indications	Preclinical	Clinical Feasibility	Clinical Pivotal	Partner
BackBeat Cardiac Neuromodulation Therapy (CNT™)	*Hypertension (HTN)* *(pacing patients; HTN+P)*				Medtron
	High-Risk HTN *(non-pacing patients)*				Medtron ROFN
CNT - HF	*Heart Failure*				
Virtue® Sirolimus AngioInfusion™ Balloon (SAB)	*Coronary In-Stent Restenosis (ISR)*	FDA Breakthrough[3]			TERUM
	Coronary Small Vessel (SV)[1]	FDA Breakthrough[4]			TERUM
	Below-the-Knee (BTK)[1]	FDA Breakthrough[5]			TERUM
SirolimusEFR™ / Microporous Balloon	*Urethral Strictures & BPH Osteoarthritis*				

[1]Plan to leverage existing coronary ISR data to support potential Pivotal Study, although there have only been limited discussions with the FDA or a comparable foreign regulator in this regard. [2]Will seek to leverage data from HTN+P pilot and pivotal trials to support clinical and regulatory development for High-Risk HTN indication given that age and other demographic factors of the target population are expected to be similar, the type of hypertension treated will likely be isolated systolic hypertension which is predominant in the HTN+P population, and other co-morbidities are also expected to be common to both target populations. However, there have been no discussions with the FDA or a comparable foreign regulator in this regard. [3]Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the stenotic portion (up to 26 mm length) of a stented coronary artery (in-stent restenosis (ISR)) that is 2.25 to 4.0 mm in diameter, for the purpose of improving lumen diameter; [4]Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the de novo stenotic portion (up to 26mm in lesion length) of a native coronary artery of 2.0 mm to 2.5 mm in diameter (small coronary arteries), for the purpose of improving lumen diameter; [5]Virtue SAB has received Breakthrough Device Designation for the balloon dilatation of the stenotic portion (up to 18 mm length) of an infrapopliteal artery (P-3 segment or distal, below the knee, with reference vessel diameter (RVD) 2.25 - 4.0 mm), for the purpose of improving lumen diameter. All references to clinical study initiations for HTN+P, Coronary ISR and Coronary SV indications are based on ongoing interactions with US FDA regarding IDE approvals or Japan PMDA regarding CTN approvals, which are required to start clinical studies. With respect to BackBeat CNT for HTN, Orchestra and Medtronic have had initial interactions with the FDA regarding IDE approval and expect to continue interactions regarding clinical trial design and submission requirements ahead of submitting documentation for approval in the second half of 2023. A pre-CTN discussion with the PMDA is planned for December 2022 with submission for CTN approval anticipated in the second half of 2023. With respect to Virtue SAB for Coronary ISR, Orchestra has been working on IDE approval with the FDA under the breakthrough designation program to define all of the elements necessary for IDE approval and Orchestra expects to complete the agreed upon work and submit documentation for approval in Q1 of 2023. Orchestra and Terumo have had initial interactions with the PMDA and expect to submit for CTN approval for Coronary ISR and SV studies in the second half of 2023. FDA and PMDA responses are expected approximately 30 days following formal submissions; clinical study enrollment is expected to begin approximately 6-8 weeks after regulatory approvals; study enrollment timelines are currently estimated to be 12-18 months for all referenced studies although actual study enrollment timeframes may be longer; final primary endpoint results for all studies are at 12 months from enrollment with the exception of Japan Coronary ISR & SV studies, which are expected to be at 6 months from enrollment.

Strong Collaborations Position Us for Long-term Success

BackBeat CNT in collaboration with Medtronic

Medtronic

- Global market leader in pacemakers: **>$1.5B** in annual revenues
- Providing leading device plus clinical & regulatory resources
- Exclusive global commercial rights for HTN+Pacemaker market
- **$50M equity investment** in Orchestra BioMed
- Right of first negotiation to expand global rights for the treatment of non-pacemaker HTN patients

- Sponsor for BackBeat CNT HTN + Pacemaker global pivotal study
- **$500 - $1,600** per BackBeat CNT-enabled device sold[1] under existing reimbursement codes

>$10 Billion
Targeted Annual Global Market Opportunities*

Virtue SAB in collaboration with TERUMO

Terumo

- Global leader in interventional cardiology: **>$2.5B**
- **$30M upfront payment** and potential future mile
- $5M equity investment in Orchestra BioMed
- Responsible for clinical and regulatory expenses, US study, as well as device supply chain and comm
- Positioned to become Terumo's flagship therapeu

- Sponsor for Virtue ISR-US pivotal study
- **10-15% royalty PLUS per unit payments** for Siroli
- Retains rights to Virtue SAB for clinical applicatior coronary and vascular interventions

>$3 Billion
Targeted Annual Global Market Oppor

*Total addressable market in 2025 based on company estimates; [1] Amount is based on higher of (1) a fixed dollar amount per device (amount varies materially on a country-by-county basis) or (2) a percentage of sales. [2] Based on Terumo's consolidated financial results for the fiscal year ended March 31, 2022

BackBeat Cardiac Neuromodulation Therapy™ (CNT™)

BackBeat CNT™ Overview

Unmet Need

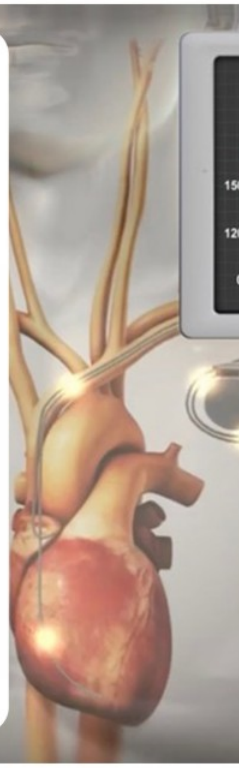
- ***Hypertension is the leading global risk factor for death and #1 comorbidity in pacemaker population, affecting over 70% of patients***[1]
- Older population at ***increased risk for major events*** & challenges with drug compliance
- Additional opportunity to treat high-risk patients not indicated for a pacemaker

Innovation

- Bioelectronic therapy ***designed to substantially & persistently lower blood pressure***
- ***Compatible with standard pacemaker devices*** & leverages existing treatment paradigm
- ***Compelling clinical data from double-blind randomized study:*** significant 8.1 mmHg net reduction in 24-Hr aSBP at 6 months & 17.5 mmHg reduction in oSBP at 2 years[2,3]

Collaboration with Medtronic

- **Global pacemaker leader** providing technology and support for global pivotal trial
- Exclusive commercialization rights in the pacemaker-indicated patient population
- ***Orchestra Biomed to receive double-digit revenue sharing***



[1]Company estimates based on published sources, including National Inpatient Survey (NIS) and National Health and Nutrition Examination Survey (NHANES); [2]Kalaras et al. Journal of the American Heart Association. ahajournals.org/doi/10.1161/JAHA.120.020492; [3]Burkhoff. MODERATO II Study 2-Year Results TCT 2021;. ***Definitions:*** Ambulatory Systolic Blood Pressure (aSBP) and Office Systolic Blood Pressure (oSBP)

Large Global Opportunity for Treating Hypertension in Target Popula

>$10 Billion Potential Annual Global Market Opportunity*

HTN + Pacemaker

- Over 70% of pacemaker patients have HTN[1]
- Older, co-morbid population at increased risk of major events[2]

High Risk HTN (Non-pacemaker)

- Older patients with isolated systolic hypertension (ISH) and comorbidities

>3.1 M Addressable HTN Patients

HTN + Pacemaker

750,000 patients

~70% of pacemaker patients

>$2 Billion

Hig

2,400,

~0.2%

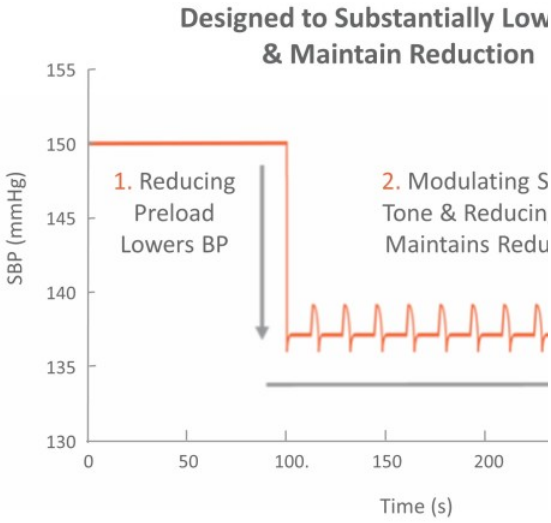
>$

*Total addressable market in 2025 based on company estimates; [1]Company estimates based on published sources, including National Inpatient Survey (NIS) and National Health and Nutrition Examination Survey (NHANES); [2]Known and well-characterized population, multiple references available; ***Definition:*** Hypertension (HTN)

BackBeat CNT™

Designed to Substantially and Persistently Lower Blood Pressure

- **Bioelectronic therapy designed to leverage standard dual-chamber pacemaker**
  - Same implant procedure and lead positions
  - Large trained physician pool that already implant pacemakers
  - Same target patient population that already need pacemakers
  - Leverageable existing reimbursement with robust payment opportunity for novel devices with novel capabilities
- **Mechanism of action**
  - Designed to substantially reduce blood pressure by reducing preload through programmed pacing with short AV delays
  - Designed to maintain reduction by modulating sympathetic tone and reducing afterload through programmed variable pressure patterns



MODERATO II Double-Blind, Randomized Results

BackBeat CNT™ showed encouraging results in MODERATO II, a prospective, multi-center, randomized, (BackBeat CNT + Medical Therapy vs. Continued Medical Therapy), double-blind, pilot study of pacemaker patients with persistent hypertension

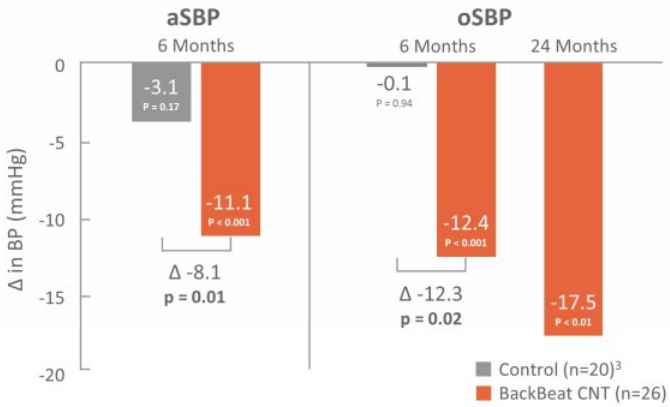
-11.1 mmHg in 24-Hour aSBP at 6 months

-17.5 mmHg in oSBP at 2 years

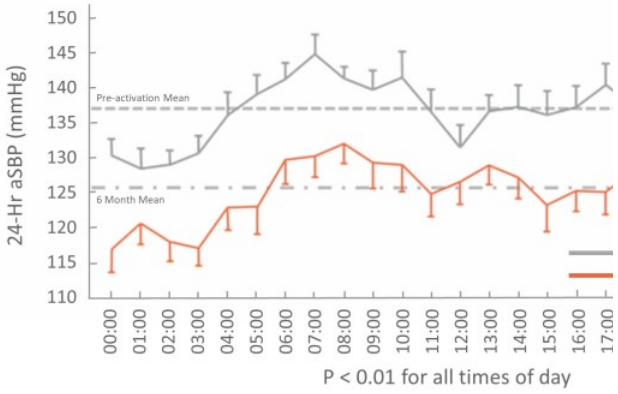
0% MACE vs. 9.5% in control group at 6 month

85% of patients with reduction in aSBP

Significant Reduction in 24-Hr aSBP and oSBP[1,2]



Significant Reduction in aSBP 24 Hour



P < 0.01 for all times of day

[1]Kalaras et al. Journal of the American Heart Association. 2021;10:e020492 ahajournals.org/doi/10.1161/JAHA.120.020492; [2]Burkhoff MODERATO II Study 2-Year Results TCT 2021; [3]24-Hr aSBP Control (n=19),1 control patient could not be measured despite repeat measurement (patient had extremely high blood pressure); ***Definitions:*** Major Adverse Cardiac Events (MACE) included death, heart failure, clinically significant arrhythmias (i.e., persistent or increased atrial fibrillation, serious ventricular arrhythmias), myocardial infarction, stroke and renal failure in treatment group calculated per patient, Office Systolic Blood Pressure (oSBP), Ambulatory Systolic Blood Pressure (aSBP)

BackBeat CNT™ Pivotal Trial Design

Current anticipated trial design:

- Prospective, multi-center, double-blind study investigating the efficacy of BackBeat CNT™ in p uncontrolled hypertension (HTN) despite the use of antihypertensive medications, who are i dual-chamber pacemaker
- Inclusion and exclusion criteria for enrollment in the BackBeat CNT Pivotal Study will be simil criteria used in the MODERATO II study
- Patients will be randomized 1:1 in a double-blinded manner to either active treatment with E with continued antihypertensive medications **or** standard pacing only with continued antihyp medications
- Anticipated primary efficacy and safety endpoints:
  - ***Efficacy endpoint:*** Superiority of treatment as compared to control based on mean change in 2 3 months post randomization
  - ***Safety endpoint:*** Safety assessment will include evaluation of differences in composite cardiova events (CCAE) between groups at 12 months
- Enroll patients across ~80 study sites planned for United States, Europe and, potentially, Japa

Virtue® Sirolimus AngioInfusion™ Balloon (SAB)

Virtue® SAB Overview

Unmet Need

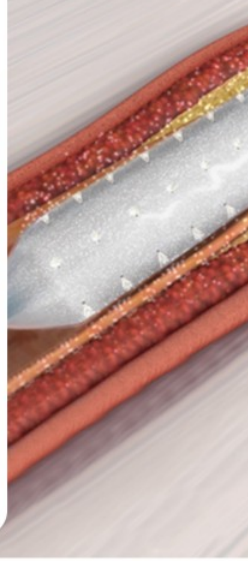
- Artery disease is the **leading cause of death** in the U.S. and worldwide
- **Significant paradigm shift toward *"leave nothing behind"*** treatment for coronary and peripheral indications representing an ***>$3B global market opportunity***[1]
- Current treatment options are suboptimal and are associated with long-term risks and complications

Innovation

- ***Highly-differentiated, non-coated drug/device combination*** product candidate designed to reduce long-term complications by enabling angioplasty with protected delivery of extended release sirolimus
- ***Compelling clinical results in multi-center coronary ISR clinical trial*** with 3-year follow-up[2]
- ***FDA Breakthrough Device Designation*** received for indications in coronary ISR[3], coronary SV[4] and BTK[5]

Partnership with TERUMO

- ***Global commercial leader*** with >$2.5B annual interventional cardiology revenue responsible for commercializing ***Virtue SAB as flagship therapeutic offering***
- Collaboration driving multi-indication pivotal trial program starting with coronary ISR
- ***Orchestra BioMed to receive double-digit royalties and per unit drug payments***



[1]Total addressable market is 2025 market data based on company estimates;; [2]von Birgelen et al. JACC Vol. 59, No. 15, 2012 April 10, 2012:1350–61; Virtue SAB has received Breakthrough Device Designation for: [3]The balloon dilatation of the stenotic portion (up to 26 mm length) of a stented coronary artery (in-stent restenosis (ISR)) that is 2.25 to 4.0 mm in diameter, for the purpose of improving lumen diameter; [4]The balloon dilation of the de novo stenotic portion (up to 26mm in lesion length) of a native coronary artery of 2.0 mm to 2.5 mm in diameter (small coronary arteries), for the purpose of improving lumen diameter; [5]The balloon dilatation of the stenotic portion (up to 18 mm length) of an infrapopliteal artery (P-3 segment or distal, below the knee, with reference vessel diameter (RVD) 2.25 - 4.0 mm), for the purpose of improving lumen diameter.

Large Opportunity for Leave Nothing Behind Solution

>$3 Billion Annual Global CAD & PAD Market Opportunity*

- Artery disease is the primary cause of death worldwide
- Large mature market with significant unmet need
  - Suboptimal treatments for coronary ISR, coronary SV *de novo* and BTK
- Designed to leverage existing treatment paradigm & established technologies: sirolimus and balloon angioplasty

>3.2M Addressable CAD & PAD Patients

Coronary

~2,000,000 patients

ISR, SV De Novo, High Bleed Risk

>$1.8 Billion

Pe

~1,250

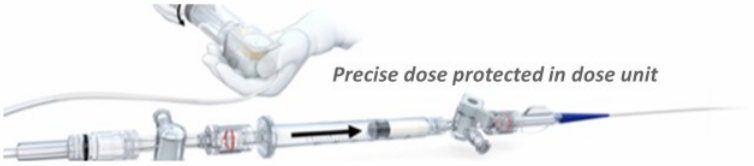
>$1

*Total addressable market in 2025 based on company estimates; ***Definitions:*** Coronary Artery Disease (CAD), Peripheral Artery Disease (PAD), In-stent Restenosis (ISR), Small Vessel (SV, ≤2.5mm), High bleeding Risk De Novo (>2.5mm), Below-the-Knee (BTK, Rutherford 3-6, w/out severe comorbidities).

Virtue® SAB

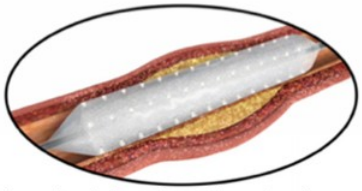
Designed to Enable Angioplasty with Protected Sirolimus Delivery while Leaving No Metal Behind

AngioInfusion™ Balloon designed to enable angioplasty with protected drug delivery to dilate vessel, to consistently deliver intended dose and to leave no metal behind



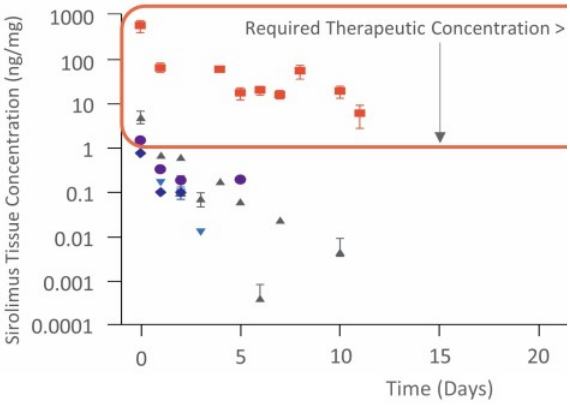
Protected Delivery/No Drug Coating

- No drug loss in transit
- No time limits on delivery
- No drug coating particulates



Inflated to deliver dose through micropores

SirolimusEFR™ Formulation provided exte release of therapeutic levels of sirolimus throu healing period (≈30 days)[1]



N = 753 porcine coronary artery segments

Lung, liver & quantificatio

[1]Granada et al. EuroIntervention 2016;12:740-747

Compelling SABRE Trial Results in Coronary ISR Patients

Virtue® SAB preliminarily demonstrated encouraging safety and efficacy results in patients with coronary in-stent restenosis (ISR) in prospective, multi-center SABRE Trial[1]

0.12mm LLL at 6-months

2.8% Target Lesion Failure at 1 year

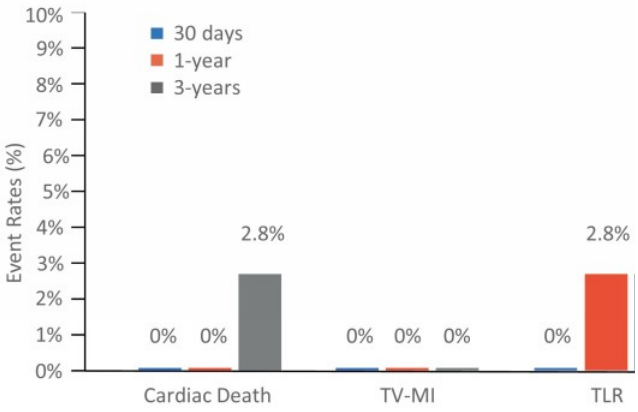
0% New TLR between 1 to 3 years

Preliminary Efficacy Results Showed Low 0.12mm Late Loss

	Per Protocol[4]
n	36
Reference Vessel Diameter (RVD) mm[1]	2.52 ± 0.32
Minimum Lumen Diameter (MLD) mm	1.96 ± 0.32
% Diameter Stenosis	22.3 ± 9.4
Change in % Diameter Stenosis	5.2 ± 11.4
Late Lumen Loss (LLL) mm[2]	0.12 ± 0.33
Binary Restenosis[3]	2.8%

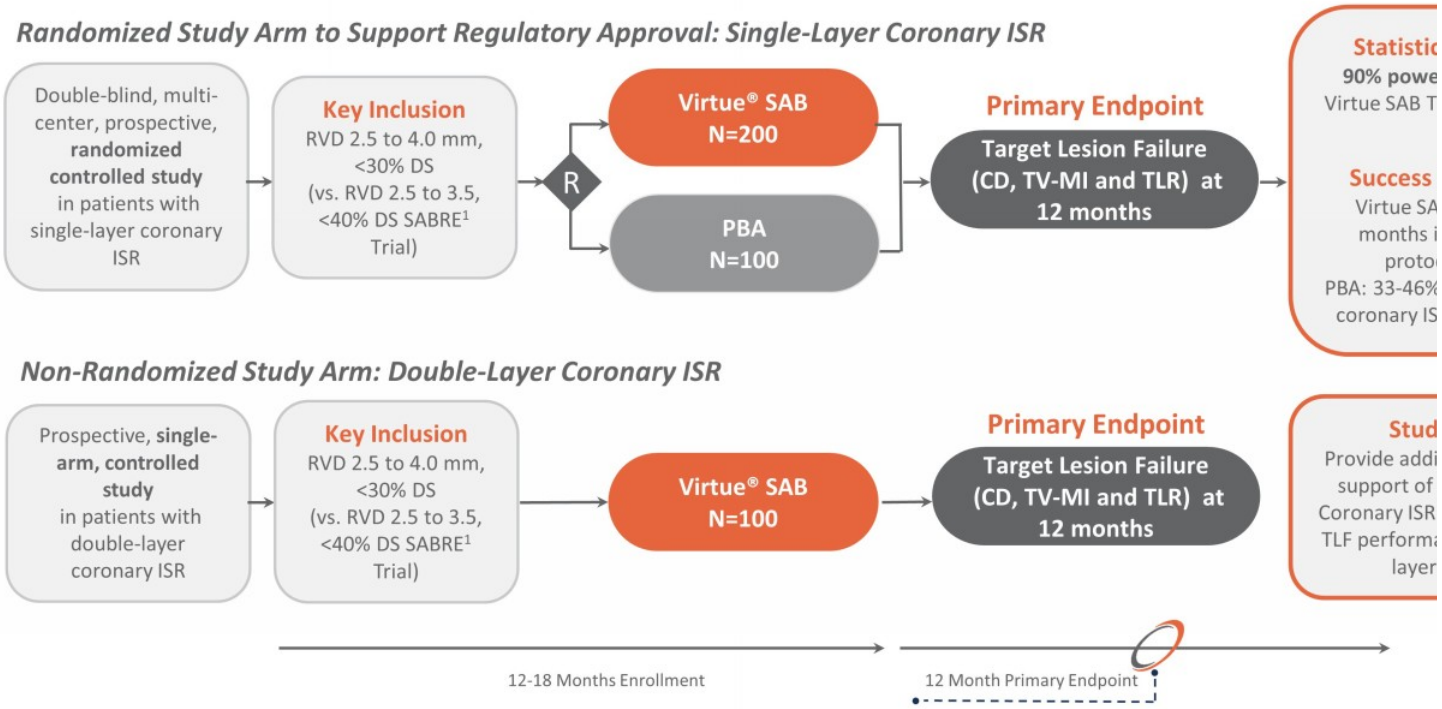
[1]RVD reported using Internormal values; [2]Trial primary performance endpoint; [3]Trial secondary performance endpoint (binary restenosis = >50% lumen diameter stenosis). [4]Data is based on per protocol population criteria revised to be consistent with proposed Virtue ISR-US pivotal study population.

Demonstrated Preliminary Safet with Low Safety Event Rates Out t



[1]Verheye et al. JACC Cardiovasc Interv 2017 Oct 23;10(20):2029-2037. DOI: 10.1016/j.jcin.2017.06.021. [2]Granada 3-Year Clinical Results TCT 2018. 3-Year SABRE Trial Clinical Report on file. ***Definitions:*** Target lesion failure (TLF), late lumen loss (LLL), target lesion revascularization (TLR) and Myocardial Infarction (MI).

Virtue® SAB Coronary ISR US Pivotal Trial



[1]Verheye S. JACC Cardiovasc Interv. 2017; 10: 2029-37. ***Definitions:*** Coronary In-stent Restenosis (ISR), Diameter Stenosis (DS), Plain Balloon Angioplasty (PBA). Revised per protocol analysis set meets the criteria of the proposed In-Stent Restenosis IDE study population.

2023 - Anticipated Milestones

Planned Regulatory Milestones

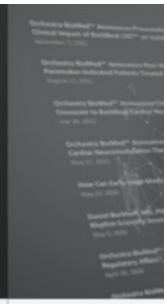
- BackBeat CNT
  - HTN + Pacemaker FDA IDE Approval
- Virtue SAB Coronary ISR
  - Virtue-ISR-US FDA IDE Approval
  - Japan PMDA CTN Approval[1]
- Virtue SAB – Coronary SV
  - Japan PMDA CTN Approval[1]

Planned Clinical Milestones

- BackBeat CNT
  - HTN + P 1st Pt. Enrollment
- Virtue SAB
  - Coronary ISR 1st Pt. Enrollment
- CNT-HF and SirolimusEFR Prog Updates

[1]Timing estimated and subject to Terumo execution since Terumo controls development of Virtue SAB for SV indication and for ISR in Japan

Bringing Medical InnOvations to Life Through Partnerships



Partnership-Enabled Business Model & Accomplished Leadership Team

- Designed to accelerate innovation to patients, enable pipeline expansion and drive strong partner and shareholder value
- Highly experienced team with proven track record of innovation and execution

Two Programs Targeting Large Markets Supported by Promising Trial Data Entering Pivotal Trials

- **BackBeat CNT™**
  - >$10 billion annual market
  - Randomized, controlled study shows efficacy potential
  - Collaboration with **Medtronic**
- **Virtue® SAB**
  - ~$3 billion annual market
  - 3-year pilot study results show potential safety & efficacy
  - Partnered with TERUMO

Strong and Strategi

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Partnership-Enabled Business Model

Significant Barriers Prevent Innovation From Reaching Patient

Startups often **struggle for resources** to reach commercial value inflection

Avg $60M funding needed, 85% of acquisitions required commercial traction[1]

Large companies' **constrained** innova

Avg 7% of revenue spent on R&D by top 20 med de

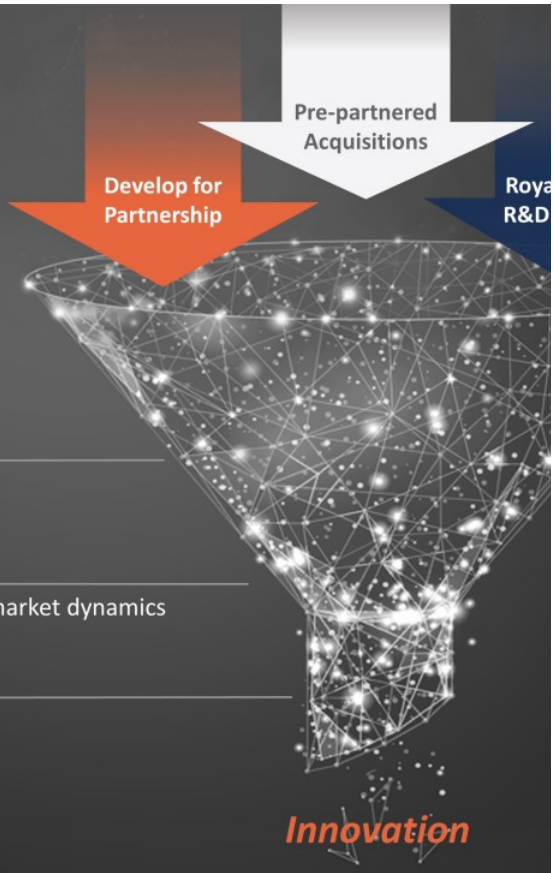
Increasing burden of cost, time, and work
to bring medical innovation to patients

Product Development → *Commercialization*

[1]Pitchbook – Analysis of 430 companies since 2015 that completed at least Series B financing [2]SVB Healthcare Report 2019 [3]Capital IQ

Orchestra BioMed Can Accelerate Innovation to Patients

Selecting Optimal Opportunities



Key Pipeline Criteria

Large Market with Unmet Needs

Large market, significant unmet needs, established distribution channels

Potential for High Impact

Designed to improve standard of care, fit existing treatment paradigm, disrupt market dynamics

Favorable for Partnering

Significant differentiation, attractive economics for partnership, durable IP protection

Orchestrating Innovation

Accomplished Leadership Team

Created Pipeline, Pioneered Business Model and Established Partnerships